

Substance Abuse Among Veteran Populations

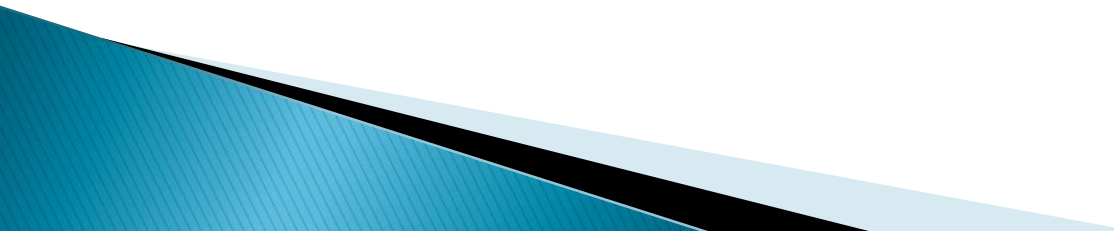
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Primary U.S. Military Conflicts

- ▶ World War I (1914 – 1919)
 - ▶ World War II (1941 – 1945)
 - ▶ Korean War (1950 – 1953)
 - ▶ Vietnam War (1965 – 1973)
 - ▶ Persian Gulf Wars
 - Operation Desert Storm (1990 – 1991)
 - Operation Enduring Freedom [OEF] (2001 – Present)
 - Operation Iraqi Freedom [OIF] (2003 – 2011)
 - Operation New Dawn [OND] (9/1/2010 – Present)
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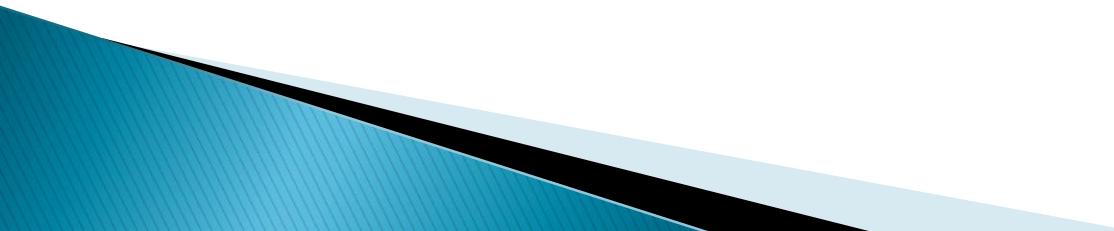
Human Cost of OEF/OIF

- ▶ Over 5,008 killed in action in OEF/OIF/OND
 - ▶ Over 47,566 wounded in action in OEF/OIF/OND
 - ▶ Suicide attempts among returned veterans number as many as 1,000 per month
 - ▶ Predominant injuries of current conflicts include Post Traumatic Stress Disorder, Traumatic Brain Injuries, Amputations and other injuries
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Gender as a Risk Factor

- The more than 160,000 women deployed to OEF/OIF duty have experienced more lethal attacks than in any other American war.
- In addition to stress associated with combat:
 - 66% experience sexual harassment
 - 23% experience sexual assault
- Women surviving sexual assault are:
 - 5 times more likely to overuse Rx drugs
 - 3 times more likely to use marijuana
 - 6 times more likely to use cocaine
 - 10 times more likely to use “hard drugs”

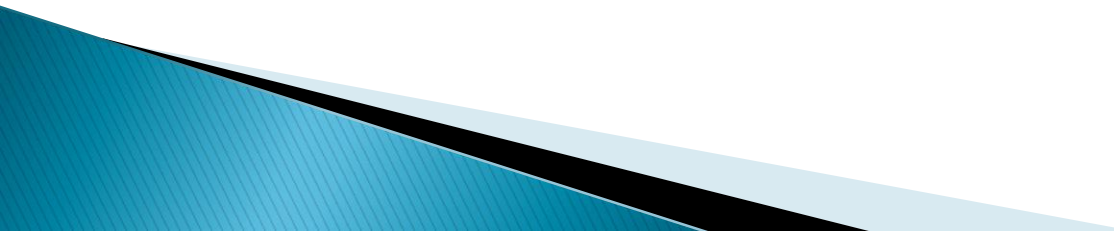
Service Implications for Veterans

- ▶ OEF/OIF troops are serving longer tours of duty than in previous wars
 - ▶ Recent reports show an increased violent crime rate around military bases by OEF/OIF veterans
 - ▶ Many service members return without a clear understanding of their right to VA benefits
 - ▶ Important to screen for veteran status
 - ▶ Others may elect NOT to access VA healthcare due to costs of co-pays or concerns about addictions to permanent records
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Service Implications for Veterans

- Reserve and NG units return home without the supportive structure of active duty troops
 - Suicide rates among veterans are 3 times higher than the general public
 - VA estimates 4 – 5 veterans commit suicide daily
 - 15% – 25% are “at-risk” for PTSD
 - 20% – 30% are “at risk” for other behavioral health problems
 - The nature of insurgent and urban combat creates additional insecurity and stress for soldiers
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Military Culture

- ▶ Exceptional physical and mental toughness are emphasized within military culture.
 - ▶ “It is okay to drink heavily, but don’t let it become a problem” has been a previously accepted view.
 - ▶ Military commands with punitive responses to members seeking substance abuse treatment reinforce beliefs that veterans should be able to fix their problems without assistance.
 - ▶ Perceived weakness and negative attitudes towards treatment are major military cultural obstacles.
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Introduction to Combat Trauma

Likely Sources of Traumatic Stimuli


- Receiving artillery, rocket, mortar or small arms fire
- Knowing/seeing someone killed or wounded
- Seeing dead or seriously wounded Americans
- Handling or uncovering human remains
- Being directly responsible for the death of an enemy combatant
- Seeing dead or wounded women and/or children
- Having an IED exploded near you

Note: The undefined “battlefield” of insurgent combat presents constant opportunities for exposure to the above for direct and indirect combatants.



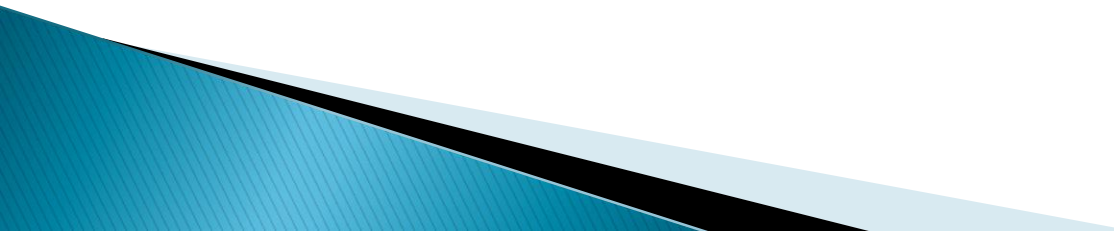
Most Common Diagnostic & Statistical Manual (DSM) Diagnoses

Depressive Episodes and Disorders

- Five or more present in a 2-week period
 - Depressed mood most of the day
 - Loss of interest/pleasure in most activities
 - Weight loss
 - Insomnia or hypersomnia
 - Psychomotor agitation or retardation
 - Fatigue/ loss of energy
 - Feelings of worthlessness
 - Recurrent thoughts of death
 - Diminished ability to focus or concentrate
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Most Common DSM Diagnoses

Adjustment Disorders

- Symptom development within 3 months of the onset of the stressor(s)
 - Marked functional impairment
 - Not another Axis I disorder or bereavement
 - Symptoms subside within 6 months of termination of the stressor(s)
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Most Common DSM Diagnoses

Acute Stress Disorder

- Diagnostic criteria mirrors PTSD but lasts a minimum of 2 days and a maximum of 4 weeks and occurs within four weeks of the traumatic event.


Most Common DSM Diagnoses

Post Traumatic Stress Disorder


- Experienced the threat of physical harm, and
 - Response involved intense fear, helplessness or horror
 - The re-experiencing of the event
 - Persistent avoidance of associated stimuli
 - Persistent increased arousal
 - Disturbance is more than 1 month
 - Marked functional impairment
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Most Common DSM Diagnoses

Substance Use Disorders

- Use
 - Abuse
 - Dependence
 - Tolerance
 - Withdrawal
 - Used more or longer than intended
 - Desire/efforts to stop or cut down
 - Over-investment of time using, seeking or recovering
 - Loss of interest in activities
 - Continued use despite knowledge of problems
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Responsive Substance Use

- ▶ People generally use substance to:
 - Experience/enhance pleasure
 - Avoid/escape/treat pain
 - ▶ Addiction is a complex, chronic and malignant brain disease characterized by a maladaptive pattern of substance use leading to significant impairment and an uncontrollable compulsion to use despite associated recurrent consequences
 - ▶ Addiction interferes with a person's ability to live out their intentions
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What We Know About Addiction

- Vulnerability is variable.
- Some are more at risk than others.
- Predetermination is not destiny.
- Causal explanation: Bio-psycho-social-spiritual model – interplay of biology with personal and social factors.
 - Family history
 - Nature
 - Nurture
 - Social and Psychological context
 - Protective factors
 - Risk factors
 - Spiritual Health
 - Meaning and purpose
 - Connection
 - Aliveness

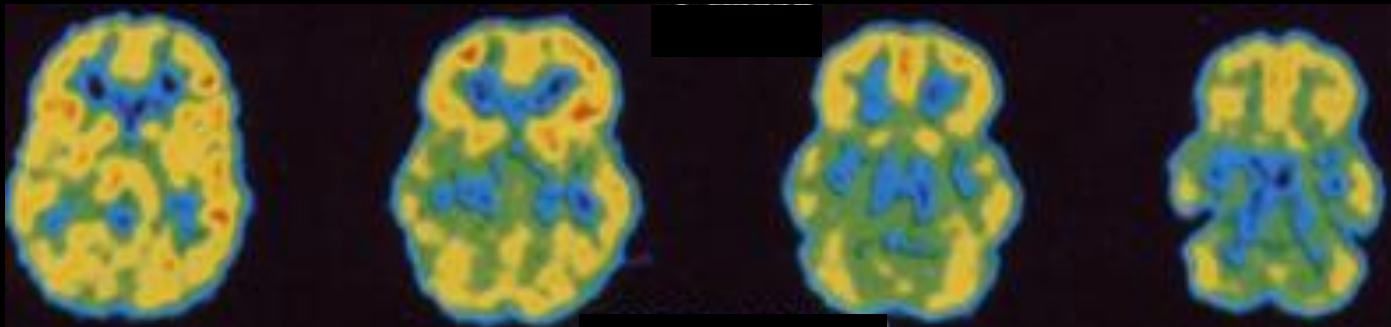
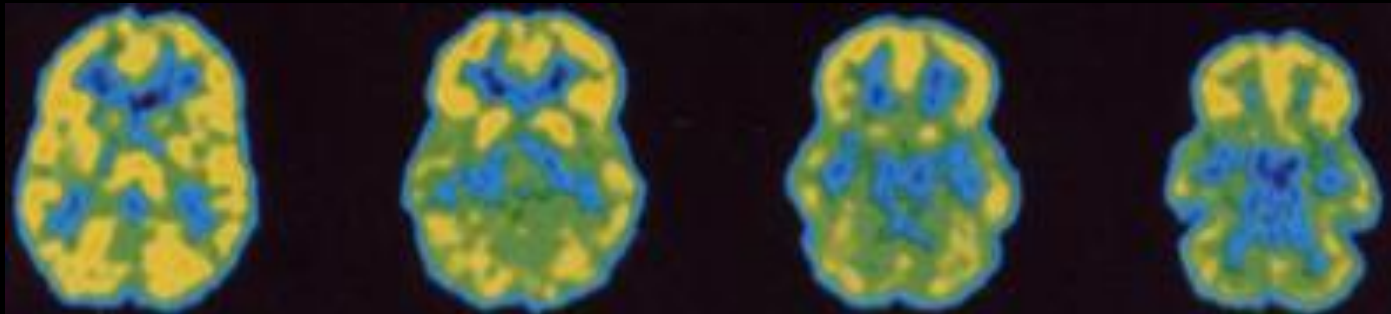
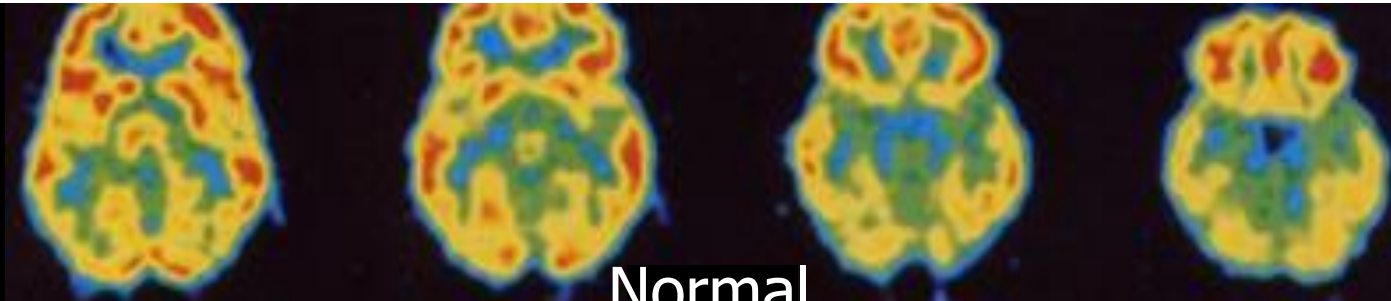
What We Know About Addiction

- ▶ Addiction severity varies.
 - ▶ Addiction becomes self perpetuating once established.
 - ▶ Addiction affects the brain in fundamental, long lasting ways.
 - ▶ Changes in the brain persist beyond cessation of use.
 - ▶ Addiction is usually a co-morbid condition.
 - ▶ Stress is a primary relapse predictor.
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Veterans' Silver Lining

- ▶ Among males aged 18 and older an estimated 4.6% of veterans and 7% nonveterans had a serious mental illness.
 - ▶ Among males aged 18 and older an estimated 8% of veterans and 14.6% nonveterans were dependent on or abusing alcohol or illicit drugs.
 - ▶ An estimated 0.8% of veterans received specialty treatment for a substance use disorder in the past year compared with 0.5% of comparable nonveterans.
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The Abused Brain



Addiction Myths and Facts


Myth:

- Addiction is a choice
- Addicts don't want to change and are unable to change even if they want to
- People can't get help even if they want it and treatment doesn't work anyway.

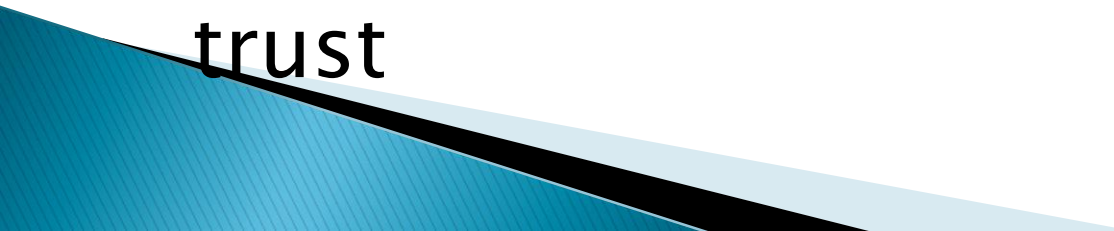
Fact:

- Addiction = choicelessness
- People suffering from addictions want to change but often don't have hope though recovery is possible
- Treatment is usually available and does work if people get the right kind of help.


Tenets of the Recovery Model

- Utilize consumer-informed practices
 - Provide consumer-family education
 - Use of medication-supported treatment
 - Accessible community-based services
 - Encourage self-help support groups
 - Implement supportive employment practices
 - Promote hope and efficacy
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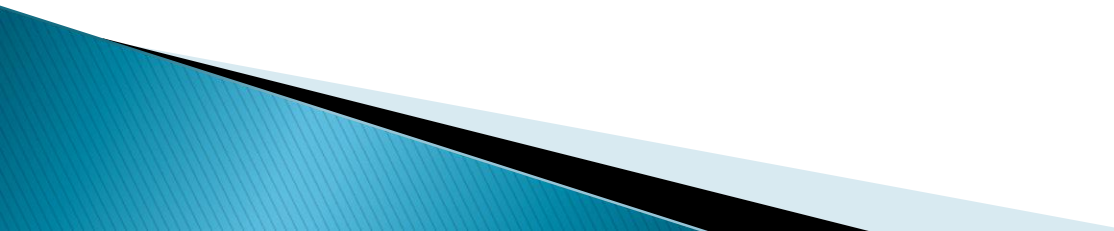
How Can We Help?

- ▶ Grow our understanding of effective substance abuse treatment
 - ▶ Become knowledgeable of military culture and the Deployment Process
 - ▶ Increase our knowledge of trauma-informed treatment
 - ▶ Work from the presenting problem forward *after* building rapport and trust
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Service Member Deployment

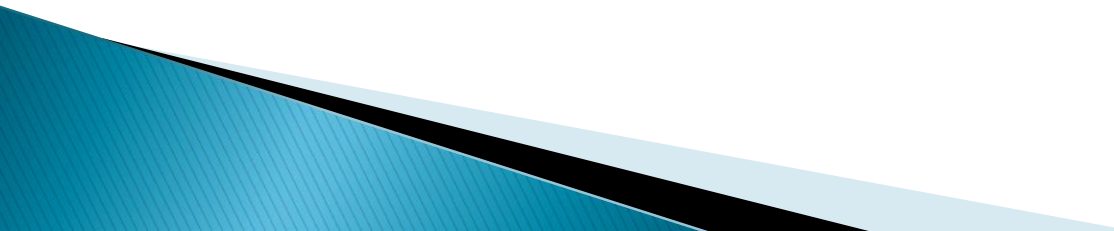
- ▶ Stages of Deployment
 - Pre-deployment
 - Deployment
 - Sustainment
 - Re-deployment
 - Post-deployment
 - ▶ Each Stage is characterized by a time frame and specific emotional challenges
 - ▶ Information about expectations can help “normalize” the deployment experience
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Post-Deployment Warning Signs

- Disturbing dreams or nightmares
 - Preoccupation with war news
 - Confusion about direction or meaning of life
 - Blaming self for actions in war zone
 - Loss of “innocence” or belief in former values
 - Feeling unsafe, guarded, or hyper vigilant
 - Irritability and outbursts of anger or rage
 - Anxious, apprehensive, panicky or stressed out
 - Feeling alienated from others
 - Loss of interest/ enjoyment in life
 - Increased use of alcohol or drugs
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Working with the Families

Helpful Hints

- Establish a base of support
 - Make plans to break up time
 - E-mail/phone calls/letters
 - Avoid overspending/alcohol
 - "Single" parents need time without kids
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Valuable Resources

- ▶ Veteran's Suicide Hotline – 1(800) 273–8255
- ▶ Combat Vet Helpline – 1 (877) WAR–VETS
- ▶ Local VA hospitals (www.va.gov)
- ▶ Vet Centers
(<http://www.vetcenter.va.gov/index.asp>)
- ▶ Substance Abuse & Mental Health Services Administration /SAMHSA (www.samhsa.gov)
- ▶ State/Local Veteran Services Officers
- ▶ Veteran Service Organizations, e.g. Disabled American Veterans, Veterans of Foreign Wars, American Legion, AMVETS, etc.

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